

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|---------------------|-----------|---|---|---|---|---|
| | IND | DEP | IND | DEP | IND | DEP |
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| 8 | 4 | | | | | |
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| 15 | / | | | | | |
| 16 | / | | | | | |
| 17 | 4 | | | | | |
| 18 | / | | | | | |
| 19 | 2 | | | | | |
| 20 | 4 | | | | | |
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| 22 | 2 | | | | | |
| 23 | 4 | | | | | |
| 24 | / | | | | | |
| 25 | 2 | | | | | |
| 26 | 4 | | | | | |
| 27 | / | | | | | |
| 28 | 2 | | | | | |
| 29 | 4 | | | | | |
| 30 | 4 | | | | | |
| 31 | 4 | | | | | |
| 32 | 1 | | | | | |
| 33 | 2 | | | | | |
| 34 | 4 | | | | | |
| 35 | 1 | | | | | |
| 36 | 2 | | | | | |
| 37 | 4 | | | | | |
| 38 | 1 | | | | | |
| 39 | 2 | | | | | |
| 40 | 4 | | | | | |
| 41 | 1 | | | | | |
| 42 | 2 | | | | | |
| 43 | 7 | | | | | |
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| TOTAL IND. | 9 | | | | | |
| TOTAL DEP. | 90 | | | | | |
| TOTAL CLAIMS | 99 |  |  |  |  |  |

| | IND | | DEP | | IND | | DEP | |
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| TOTAL IND. | | | | | | | | |
| TOTAL DEP. | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | |